

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005914

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 109

Primary Registration District No. 4180

Registrar's No. 3

FILED MAR 6 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Dunklin | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Campbell | | Length of stay in lb 8-yrs. | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Nursing Home | | d. STREET ADDRESS (If outside, give location) Senath | |
| 3. NAME OF DECEASED (Type or print) First Elizabeth Middle Withers Last Wise | | 4. DATE OF DEATH Month Feb. Day 23 Year 1963 | |
| 5. SEX Female | 6. COLOR OR RACE Cau. | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH 11/3/1876 |
| 9. AGE (last birthday) 86 | | IF UNDER 1 YEAR Months 3 Days 20 | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11a. BIRTHPLACE (City and state or country) Senath, Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S. | |
| 13a. FATHER'S NAME Allen W. Douglass | | 13b. MOTHER'S MAIDEN NAME Asenath Hale | |
| 14. NAME OF HUSBAND OR WIFE Hubert Wise | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT J. Witt Douglass Sr. Senath, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHIAL PNEUMONIA DUE TO (b) CEREBRAL VASCULAR ACCIDENT DUE TO (c) HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | INTERVAL BETWEEN ONSET AND DEATH. 2 DAYS 16 DAYS 10 YEARS | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION Senath | | COUNTY STATE | |
| 21. I attended the deceased from OCTOBER 1962 to 23 FEB 63 and last saw her alive on 22 FEB 63 Death occurred at approximately 3:00p on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (In green or title) Charles S. Williams, M.D. | |
| 22b. ADDRESS MALDEN, MISSOURI | | 22c. DATE SIGNED 2-24-63 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 2/25/1963 | |
| 23c. NAME OF CEMETERY OR CREMATORY Senath | | 23d. LOCATION (City, town, or county) (State) Senath, Missouri | |
| 24. FUNERAL DIRECTOR McDaniel Funeral Service, Senath, Mo. | | 25. DATE RECD. BY LOCAL REG. 3-2 1963 | |
| 26. REGISTRAR'S SIGNATURE Mrs. Beulah Campbell | | | |

(Licensed Embalmers Agreement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Terrence S. Roberts

Licensed Embalmer No. 4886

P. O. Address Keuneth, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.